

The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR, 7th edition

Town of Monterey, Massachusetts Revised January 1, 2008

Building Permit Application To Construct, Repair, Renovate Or Demolish a One- or Two-Family Dwelling

This Section For Official Use Only									
Building Permit Number:				Date Applied:					
Signature: Building Commissioner/ Inspector of Buildings Date									
SECTION 1: SITE INFORMATION									
1.1 Property Address:				1.2 Assessors Map & Parcel Numbers					
1.1a Is this an accepted street? yes no				Map Number Parcel Number					
1.3 Zoning Information:				1.4 Property Dimensions:					
Zoning District Proposed Use				Lot Area (sq ft)			Frontage (ft)		
1.5 Building Setbacks (ft)									
Front Yard			Side Yards			Rear Yard			
Required Prov		ovided	Requi	red	Provided		Required		Provided
1.6 Water Supply: (M.G.L c. 40, §54) Public 0 Private 0			1.7 Flood Zone:	Outside F	ide Flood Zone?		1.8 Sewage Disposal System: Municipal O On site disposal system O		
Check if yes0 SECTION 2: PROPERTY OWNERSHIP ¹									
2.1 Owner¹ of Record:									
Name (Print) Address for Service:									
Signature Telephone									
	SECTIO	ON 3: DESC	CRIPTION (OF PROPO	SED V	VORK ²	(check	all that apply)	
New Construction	New Construction 0 Existing Buildi		ng o Owi	ng 0 Owner-Occupied 0 Repair			(s) 0	Alteration(s) 0	Addition o
Demolition o Accessory Bld		cessory Bldg	g. 0 Number of Units Other 0 Specify:						
Brief Description of Proposed Work ² :									
SECTION 4: ESTIMATED CONSTRUCTION COSTS									
Item		ed Costs: Materials)		Official Use Only					
1. Building		\$		1. Building Permit Fee: \$ Indicate how fee is determined:					
2. Electrical		\$		O Standard City/Town Application Fee O Total Project Cost ³ (Item 6) x multiplier x					
3. Plumbing		\$		2. Other Fees: \$					
4. Mechanical (HVAC)		\$		List:					
5. Mechanical (F Suppression)	. Mechanical (Fire uppression) \$		Total All Fees: \$						
6. Total Project Cost:		\$		Check NoCheck Amount:Cash Amount: O Paid in Full O Outstanding Balance Due:					

SECTION 5: CONSTRUCTION SERVICES								
5.1 Licensed Construction Supervisor (CSL)								
	License 1	Number Expiration Date						
Name of CSL- Holder	List CSL Type (see below)							
	Type	Description						
Address	U	Unrestricted (up to 35,000 Cu. Ft.)						
Signature	R	Restricted 1&2 Family Dwelling						
Signature	M	Masonry Only						
Telephone	RC WS	Residential Roofing Covering Residential Window and Siding						
•	SF	Residential Solid Fuel Burning Appliance Installation						
	D	Residential Demolition						
5.2 Registered Home Improvement Contractor (HIC)								
HIC Company Name or HIC Registrant Name		Registration Number						
Address		Expiration Date						
Signature Telephone		_ Expiration Date						
SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))								
Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide								
this affidavit will result in the denial of the Issuance of the building permit.								
Signed Affidavit Attached? Yes 0 No 0								
SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT								
OWINER DINGENT OR CONTRICTOR MITELLIGITOR DOLLDENGT ERWITT								
I,, as Owner of the subject property hereby								
authorize to act on my behalf, in all matters								
relative to work authorized by this building permit application.								
Signature of Owner		Date						
SECTION 7b: OWNER ¹ OR AUTI	HORIZEI	AGENT DECLARATION						
I,, as Owner or Authorized Agent hereby declare								
that the statements and information on the foregoing applic	cation are t	rue and accurate, to the best of my knowledge and						
behalf.								
Print Name								
Signature of Owner or Authorized Agent		Date						
(Signed under the pains and penalties of perjury)	TES:							
1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor								
(not registered in the Home Improvement Contractor (HIC) Program), will <u>not</u> have access to the arbitration								
program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and								
Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.								
2. When substantial work is planned, provide the information below:								
Total floors area (Sq. Ft.) (including garage, finished basement/attics, decks or porch								
Gross living area (Sq. Ft.) Number of fireplaces	I.	Habitable room countNumber of bedrooms						
Number of bathrooms	Number of half/baths							
Type of heating system	Number of decks/ porches							
Type of cooling systemOpenOpen								
3. "Total Project Square Footage" may be substituted for "Total Project Cost"								